

# AIR DISCOUNT SCHEME

---

The Air Discount Scheme (ADS) is a Scottish Government initiative under the European Union's General Block Exemption Regulation. Its main aim is to address the issue of high air fares in the Highlands and Islands and facilitate accessibility and social inclusion by providing a discount of 50% on the core air fare on certain eligible routes.

## WHO IS ELIGIBLE FOR THE SCHEME?

Anyone whose permanent/main residence is in Colonsay, Orkney, Shetland, the Western Isles, Islay, Jura, Caithness and North West Sutherland. Students that are studying away from home but their permanent/main residence is in an eligible area. Students who are studying away from home need to provide a copy of their student card and inform us the expected length of their studies along with completed application form and proof of residence.

In order to apply for an ADS card you need to provide, along with an original completed application form, proof of residence confirming that the address you are applying for is your main/permanent residence. Proof of residence: two official documents from different sources that clearly show that they have been sent to you with your full name and address and dated within 6 months. The documents can be photocopies as they are non-returnable and will be confidentially destroyed. We do not accept hand written documents or documents from third parties where the only purpose of the document is to state residency. Please note for an applicant that is 16 years old, we only require one proof of residence.

## WHO IS NOT ELIGIBLE FOR DISCOUNTED FLIGHTS?

- People, whose residence is not in the eligible geographic area, except students that are studying away from home and their main residence is in an eligible area;
- People travelling on Public Service Obligation (PSO) flights;
- People travelling for the purpose of business. Business related travel is considered any journey where there is a business component, regardless of whether there is also a leisure-related component;
- People travelling on NHS funded trips; and
- Anyone in the eligible geographic area who does not have a live, valid card.

## APPLICATION PROCESS

If you believe that you are eligible and would like to apply for membership, please complete and return by post this form with proof of residence to: Air Discount Scheme, PO Box 5715, Inverness, IV1 9AS.

## INSTRUCTIONS

### Part 1: You need to complete this part in full

- Write your house number/name, street, town, county and postcode in spaces provided.
- Mark an X in the appropriate box for your title.
- Write your first name, middle name(s), surname, date of birth (DD/MM/YYYY), telephone number and email address in spaces provided.

### Part 2

If you have dependents under the age of 16 who are resident at the same address and wish them to be on your card please provide the dependents name and date of birth. NB Dependents can be on

both Parents/Carers/Guardians cards, in order to ensure that the dependents are on the necessary cards please indicate in the status box by your details in Part 1.

#### **Part 4**

The form must be signed and dated by **all** applicants 16 years of age and over. Please print your name in block capitals under your signature. This is where we ask for your consent to use your data. The data controller of your personal details will be the Scottish Government. We will only use the information you have provided to process your application for membership of the Air Discount Scheme.

As data subject, you have rights under the Data Protection Act 1998 in relation to the data which is processed about you. One of these rights is a subject access right. This means that you have the right to a copy of the data which is processed about you and is held on our systems. If you want to exercise your rights of subject access, you are required to send a request in writing. This should be addressed to the Air Discount Scheme Administrator who will ensure it is passed to a Data Protection Officer in the Scottish Government. A charge may be made for processing this information.

#### **TIMESCALES**

It can take up to 3 weeks to process an Air Discount Scheme application from the day we receive the completed application. Once your application form has been processed, you will be sent an Air Discount Scheme card and PIN. The card, along with your PIN, will enable you to purchase discounted flights from the participating Airlines.

The Air Discount Scheme card and entitlements offered are administered by the Scottish Government and appointed administrators.

**If you have any questions about the Air Discount Scheme or filling out the application form, you should contact the appointed administrators of the scheme at:**

**Air Discount Scheme, PO Box 5715, Inverness, IV1 9AS or Telephone on 0800 032 2890 or email [info@airdiscountscheme.com](mailto:info@airdiscountscheme.com) (we are open 08.30 to 17.00 Monday to Friday except Public Holidays).**

Unique Form Number

Date form completed

# AIR DISCOUNT SCHEME

Application for residents of the eligible areas within the Highlands and Islands

## PART 1: PERSONAL DETAILS

Please complete part 1 in full. Use Black ink and write in BLOCK CAPITALS.

### ADDRESS OF MAIN RESIDENCE

House Number/Name

Street

Town

County

Postcode

### NEW APPLICANTS AT THE ABOVE ADDRESS AND ARE 16 YEARS OF AGE OR OVER

\* Your full name as it appears on your photographic ID

\* Mr  Rev  Dr  Mrs  Miss  Ms

\* First Name

\* Middle Name(s)

\* Surname

Date of Birth           Parent/Carer/Guardian \*\*

Contact Telephone No.

Email Address   
(if applicable)

### NEW APPLICANTS AT THE ABOVE ADDRESS AND ARE 16 YEARS OF AGE OR OVER

\* Mr  Rev  Dr  Mrs  Miss  Ms

\* First Name

\* Middle Name(s)

\* Surname

Date of Birth           Parent/Carer/Guardian \*\*

Contact Telephone No.

Email Address   
(if applicable)

### NEW APPLICANTS AT THE ABOVE ADDRESS AND ARE 16 YEARS OF AGE OR OVER

\* Mr  Rev  Dr  Mrs  Miss  Ms

\* First Name

\* Middle Name(s)

\* Surname

Date of Birth           Parent/Carer/Guardian \*\*

Contact Telephone No.

Email Address   
(if applicable)

### NEW APPLICANTS AT THE ABOVE ADDRESS AND ARE 16 YEARS OF AGE OR OVER

\* Mr  Rev  Dr  Mrs  Miss  Ms

\* First Name

\* Middle Name(s)

\* Surname

Date of Birth           Parent/Carer/Guardian \*\*

Contact Telephone No.

Email Address   
(if applicable)

\*\* PLEASE TICK THE BOX PROVIDED IF YOU ARE A PARENT/CARER/GUARDIAN.

DEPENDENTS IN THE HOUSEHOLD UNDER 16 YEARS WILL BE INCLUDED ON THE CARD HELD BY THE NOMINATED PARENTS/CARERS/GUARDIANS.

## PART 2: PERSONAL DETAILS

Dependents under 16 years may be included on the card of the nominated parents, carers or guardians. Please provide details below of dependent(s) to be included.

DEPENDENT 1	Gender: Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
First Name	<input type="text"/>	Date of Birth
Surname	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DEPENDENT 2	Gender: Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
First Name	<input type="text"/>	Date of Birth
Surname	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DEPENDENT 3	Gender: Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
First Name	<input type="text"/>	Date of Birth
Surname	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DEPENDENT 4	Gender: Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
First Name	<input type="text"/>	Date of Birth
Surname	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## PART 3: CHECK LIST

In order to apply for an ADS card you need to provide, along with an original completed application form, proof of residence confirming that the address you are applying for is your main/permanent residence.

Proof of residence: two official documents from different sources that clearly show that they have been sent to you with your full name and address and dated within 6 months. The documents can be photocopies as they are non-returnable and will be confidentially destroyed. We do not accept hand written documents or documents from third parties where the only purpose of the document is to state residency. Please note for an applicant that is 16 years old, we only require one proof of residence.

## PART 4: DATA SHARING AND YOUR SIGNATURE

I agree to the processing of my personal details to the extent necessary for the administration of the Air Discount Scheme.

I believe that I meet the criteria for Scheme membership and that I am eligible to apply for access to discounted air travel.

I confirm that the details as stated above are to the best of my knowledge correct and I undertake to advise you if my circumstances change.

<input checked="" type="checkbox"/> Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRINT NAME (BLOCK CAPITALS)	<input type="text"/>		
<input checked="" type="checkbox"/> Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRINT NAME (BLOCK CAPITALS)	<input type="text"/>		
<input checked="" type="checkbox"/> Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRINT NAME (BLOCK CAPITALS)	<input type="text"/>		
<input checked="" type="checkbox"/> Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRINT NAME (BLOCK CAPITALS)	<input type="text"/>		